

# ENT DIFFERENTIAL DIAGNOSIS



NOTES OF MEDADTEAM

## Content:

- Collection of Differential diagnoses plus diseases & syndromes that have a scientists' name in ENT



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NMT 12

## *ENT Differential Diagnosis*

### EAR

	<b>Furunculosis</b>	<b>Mastoiditis</b>
<b>History of otitis media:</b>	Absent	Present
<b>Symptoms :</b> *pain *hearing loss	* on mastication * if the canal is occlude	* not related to mastication * marked
<b>Signs :</b> * fever * tenderness  * internal swelling  * otorrhea  * tympanic membrane	- absent - On pulling the auricle and pressure on the tragus. - furuncle in the cartilaginous part of the external canal. - Purulent and scanty.  - normal	- high - On the mastoid antrum and posterior border. - sagging of the bony part of the external canal. - muco purulent or purulent profuse and reservoir sign. - usually perforated, but may be intact and hyperaemic.
<b>X-ray mastoid :</b>	Normal	Clouding of the air cells and blurring of their bony walls.

	<b>Traumatic perforation of tympanic membrane</b>	<b>Pathological perforation of tympanic membrane</b>
<b>Cause:</b>	Direct or indirect trauma	CSOM
<b>History of trauma:</b>	Present	Absent
<b>Otorrhea (if present)</b>	Bloody	Muco-purulent or purulent
<b>Perforation:</b> *site *type *size *shape *edges *surrounded by	- always in pars tensa - always central - any size - any shape - ragged - blood clots	- in pars tensa or pars flaccida - central , marginal , attic - any size - any shape - smooth - muco-pus or pus
<b>Middle ear mucosa ( through the perforation)</b>	Healthy	May be diseased

## *ENT Differential Diagnosis*

	<b>Tubo-tympanic CSOM</b>	<b>Attico-antral CSOM</b>
<b>Incidence:</b>	Much more common	Much less common
<b>Aetiology :</b>	Follows acute suppurative otitis media.	Congenital, 1 <sup>st</sup> acquired & 2 <sup>nd</sup> acquired.
<b>Site:</b>	Starts in the Eustachian tube, mesotympanum & hypotympanum.	Starts in attic (epitympanum) & mastoid antrum.
<b>Otorrhea:</b>	Muco-purulent, odorless & may be profuse.	Purulent, offensive & scanty
<b>Tympanic membrane perforation:</b>	Central (i.e. surrounded by a complete rim of the tympanic membrane & does not reach the annulus) → in pars tensa. It has any size any shape & smooth edges.	1- Attic → in pars flaccida. 2- marginal ( i.e. not surrounded by a complete rim of the tympanic membrane & reaches the annulus ) → in the postero-superior part of pars tensa.
<b>Cholesteatoma:</b>	Absent	Present
<b>Granulations:</b>	Uncommon	Common
<b>Polyp:</b>	Uncommon. If present → pale, edematous & pedunculated.	Common. If present → reddish, fleshy & sessile.
<b>Ossicles:</b>	Usually intact	Usually necrotic
<b>Hearing loss:</b>	Mild conductive hearing loss.	Severe conductive hearing loss.
<b>Prognosis:</b>	Safe. Why? Because it's much less liable to cause complications. Why? Because the infection is limited to the muco-periosteal lining without bone erosion.	Unsafe. Why? Because it's much more liable to cause complications. Why? Because it's associated with cholesteatoma which causes bone erosion.
<b>CT scan &amp; X-ray:</b>	The mastoid is usually pneumatized.	The mastoid is usually sclerotic. Bone erosion may be present.
<b>Treatment:</b>	Tympanoplasty operation after control of infection.	Always surgical removal by classical or modified radical mastoidectomy. There is no place for medical treatment.

## *ENT Differential Diagnosis*

UMN paralysis OF FASCIAL N.	LMN paralysis OF FASCIAL N.
<ul style="list-style-type: none"> <li>• Paralysis of lower ½ of face.</li> <li>• Emotional movements (e.g. laughing) are intact.</li> <li>• Associated hemiplegia.</li> <li>• Hypertonia (spastic).</li> <li>• No fasciculations.</li> <li>• No muscle atrophy.</li> </ul>	<ul style="list-style-type: none"> <li>• Total facial paralysis.</li> <li>• Emotional movements are lost.</li> <li>• No hemiplegia</li> <li>• Hypertonia (flaccid).</li> <li>• Fasciculations are present.</li> <li>• Muscle atrophy occurs later.</li> </ul>

	Longitudinal fracture Of Temporal bone	Transverse fracture Of Temporal bone
<b>Incidence:</b>	80%	20%
<b>Fracture line:</b>	Parallel to longitudinal axis of the petrous bone.	Perpendicular to longitudinal axis of the petrous bone.
<b>Pathology:</b>	Affects the external canal, tympanic membrane& middle ear	Affects the inner ear& internal auditory canal.
<b>Speculum examination:</b>	a) Laceration of the skin of the external canal. b) Rupture of the tympanic membrane. c) Otorrhea → blood and may be CSF.	No abnormality
<b>Hearing loss:</b>	Conductive → due to tympanic membrane rupture & ossicles disruption.	Sensori-neural → due to injury of the cochlea & cochlear nerve.
<b>Vertigo&amp;nystagmus</b>	Absent	Present → Due to injury of the vestibular labyrinth & vestibular nerve
<b>Facial nerve paralysis:</b>	Uncommon, delayed& partial.	Common, immediate& complete.

❖ D.D. of blue drum:

## *ENT Differential Diagnosis*

1. Hemotympanum ( as in otitic barotrauma in moderate cases – transverse fracture of temporal bone )
2. High jugular bulb
3. Carotid aneurysm (ICA)
4. Glue ear (secretory otitis media)
5. Glomus tumor

### ❖ D.D. of CPA:

- Acoustic neuroma (the commonest)
- Meningioma
- Congenital cholesteatoma
- Arachnoid cyst

### ❖ D.D. of pulsatile ear discharge:

- ASOM.
- Acute exacerbation on top of CSOM
- Extradural abscess.

### ❖ D.D of offensive ear discharge:

- Cholesteatoma.
- F.B.
- otomycosis.

### ❖ D.D of pulsatile Tinnitus:

- Glomus
- High jugular bulb
- Carotid aneurysm

## ENT Differential Diagnosis

### NOSE

	Common cold	Influenza
<b>Causative organism:</b>	Several viruses the most common is rhinovirus	Influenza virus.
<b>Symptoms:</b>	1. stage of ischaemia: nasal dryness, sneezing and burning sensation.  2. stage of hyperaemia: o <i>general</i> : mild fever, headache, anorexia & malaise. o <i>nasal</i> : vaso-active nasal obstruction and profuse watery discharge.	Similar common cold but → The constitutional symptoms are more severe.
<b>Signs:</b>	1. stage of ischaemia: The nasal mucosa is pale and dry.  2. Stage of hyperaemia: o nasal mucosa is red & swollen. o nasal cavity is full of watery discharge.	Similar to common cold.
<b>Complication:</b>	1. Secondary bacterial rhinitis 2. Descending infection: Vestibulitis, sinusitis, otitis media, pharyngitis and laryngitis.	Similar to common cold <u>but</u> a) are more common b) may also cause anosmia, labyrinthitis, vestibular neuronitis, meningitis, encephalitis, pericarditis, pneumonia &/or gastro-enteritis
<b>Prophylaxis:</b>	1. avoid predisposing factors. 2. avoid exposure to the sources of infection 3. no vaccine is available against common cold viruses.	Similar to common cold but → Vaccines prepared from the prevalent strain of the virus are available.

## *ENT Differential Diagnosis*

	Allergic rhinitis	Vasomotor rhinitis
<b>Definition:</b>	Abnormal immune reaction of the nasal mucosa to → A specific allergic factor	Abnormal autonomic reaction of the nasal mucosa to → A non-specific non-allergic factor.
<b>Aetiology:</b>	Foreign factors which are harmless to normal individuals	Environmental factors , endocrinal factors and drugs
<b>Mechanism:</b>	IgE mediated hypersensitivity reaction of nasal mucosa to allergen	Over –activity of the nasal parasympathetic system.
<b>Family history:</b>	Commonly positive	Absent.
<b>Symptoms:</b>	1.Nasal itching . 2.Repeated sneezing . 3.Bilateral profuse watery discharge. 4.Vaso-active nasal obstruction.	Similar to allergic rhinitis but no itching .
<b>Signs:</b>	1. The nasal mucosa → is swollen , moist ,pale bluish . 2. The nasal cavity → is full of watery discharge.	Similar to allergic rhinitis.
<b>Associated allergies:</b>	Commonly conjunctival and bronchial allergies	Absent.
<b>Investigations:</b>	1.Microscopic examination of a nasal smear → Excess eosinophils 2. blood examination → ○ eosinophilia ○ ++ plasma Ig E.	Negative.
<b>Sequelae:</b>	1. recurrent acute rhinitis and chronic hypertrophic rhinitis. 2. recurrent acute & chronic sinusitis 3. Ethmoidal polypi.	Similar to allergic rhinitis but no ethmoidal polypi.
<b>Treatment:</b>	A-MEDICAL TREATMENT : ○ Anti-histaminics. ○ steroids → in severe cases B- LOCAL TREATMENT: ○ Steroids sprays.	Similar to allergic rhinitis but no anti-histaminics
<b>Prophylaxis:</b>	1. Avoidance. 2. Desensitization (immuno-therapy) 3. Mast cells stabilizers.	Avoidance.

## *ENT Differential Diagnosis*

	Dentigerous cyst	Dental cyst
<b>Age:</b>	Children and adolescents.	Adults.
<b>Aetiology:</b>	Cystic degeneration of the follicle (crown) of an un-erupted tooth.	Cystic degeneration of granulation tissues around the root of a chronically infected tooth.
<b>Symptoms:</b>	Slow expansion of the maxill	Slow expansion of the maxilla.
<b>Signs:</b>	<ul style="list-style-type: none"> <li>- A maxillary swelling covered with bone which in large cysts may give egg crackling sensation</li> <li>- A missing tooth in relation to the swelling</li> </ul>	<ul style="list-style-type: none"> <li>- A maxillary swelling covered with bone which, in large cysts may give an egg-crackling sensation</li> <li>- Normal number of teeth, with an infected tooth in relation to the swelling.</li> </ul>
<b>x-ray:</b>	The offending tooth appears inside the cyst.	The offending tooth appears outside the cyst or in its wall
<b>Treatment:</b>	Surgical excision of the cyst with the offending tooth through a sub-labial approach	Surgical excision of the cyst with the offending tooth through a sub-labial approach

### ❖ D.D of offensive nasal discharge:

- F.B. ( unilateral)
- oro-antral fistula ( unilateral)
- Rhinoscleroma( bilateral)
- chronic atrophic rhinitis(bilateral)
- Nasal diphtheria
- Isolated maxillary sinusitis(of dental origin)

### ❖ D.D of unilateral nasal mass :

- Antrochoanal polyp
- Angiofibroma.
- Inverted papilloma.



## ENT Differential Diagnosis

### Pharynx

Pharyngeal ulcers with membrane on the tonsil :

	Diphtheria	Acute Follicular tonsillitis
<b>Age</b>	Usually children 2-5 years old	Any age
<b>Onset</b>	Gradual	Rapid
<b>General signs :</b> <b>Toxaemia</b> <b>Face</b> <b>Fever</b> <b>Pulse</b>	- Marked - Pale - Mild - ( Rapid & weak ) out of proportion to temperature.	- Moderate - Flushed - High - ( Rapid & full ) in proportion to temperature.
<b>Pharyngeal Signs</b> <b>Membrane</b>	- Unilateral - Exceeds limits of the tonsils - Adherent , on removal → Bleeding raw surface	- Bilateral - Limited to the tonsil - Not adherent → easily removed without bleeding
<b>Cervical signs</b>	Markedly enlarged cervical lymph nodes	Markedly enlarged jugulo -digasteric lymph nodes
<b>Investigations</b> <b>Albuminuria :</b> <b>Throat swab :</b>	- Common - Corynebacterium diphtheriae	- Absent - Strept. Haemolyticus, strept. pneumoniae & haemophilus influenza

Vincent's angina	Infectious mononucleosis	leukaemia	Agranulocytosis	Scarlet fever
Grayish memb. cover tonsil and may extend to pillars & soft palate .removed easily leaving ulcer with deep punched out edges	Shallow ulcer or membrane similar to diphtheria but bilateral with lymphadenopathy & hepatosplenomegaly and +ve monospot test & paul-punnett test	Ulcers have ragged edges & clean base with little or no surrounding inflammatory Reaction . CBC :leukopenia	Necrotic ulcers or exudative membrane  With pallor , bleeding tendency & generalized lymphadenopathy CBC leukocytosis	Erythematous rash  Hypertrophy of posterior pharyngeal wall

## *ENT Differential Diagnosis*

	<b>Peritonsillar abscess</b>	<b>Lymphosarcoma</b>	<b>Carotid aneurysm</b>
<b>Fever</b>	present	no	no
<b>Aspiration</b>	Pus	Nothing	Blood

	<b>Acute retro pharyngeal abscess</b>	<b>Chronic retro pharyngeal abscess</b>
<b>Definition</b>	- collection of pus in the retro pharyngeal space which lies between → the bucco-pharyngeal fascia & the pre- vertebral fascia.	Formation of a cold abscess in the pre-vertebral space which lies between → the pre-vertebral fascia and the cervical vertebrae.
<b>Age</b>	- Children below 5 years	.Adults.
<b>Organism</b>	- Pyogenic organisms	Tuberculous bacilli
<b>Aetiology</b>	- Suppuration of retro pharyngeal LN.	Tuberculous caries of cervical vertebrae
<b>Symptoms</b>	Severe dysphagia & severe dyspnea.	Mild sore throat & painful limited neck movement
<b>Pharyngeal examination</b>	- swelling limited to one side of the midline.	- swelling which lies in the midline
<b>-Plain X-ray</b>	- Widening of the pre-vertebral space with normal vertebral bodies	- Widening of the pre vertebral with destroyed vertebral bodies.
<b>Treatment</b>	1- Massive antibiotic therapy 2- Drainage of the abscess by oral - incision in the posterior pharyngeal wall	1- Anti-tuberculous therapy 2- Drainage of the abscess by a cervical incision along the posterior border of the sterno-mastoid muscle.

## LARYNX

## ENT Differential Diagnosis

### DD of stridor in children :

laryngomalacia	Inhaled laryngeal FB	Acute non spec. laryngitis	Acute epiglottitis	Laryngeal diphtheria
<ul style="list-style-type: none"> <li>- stridor increase by upper airway infection</li> <li>- no hoarseness of voice</li> <li>Laryngoscope show collapse of the larynx during inspiration. &amp; become normal in expiration</li> </ul>	<ul style="list-style-type: none"> <li>- History of FB inhalation</li> <li>- sudden violent attack of coughing &amp; choking followed by asphyxia and cyanosis</li> </ul>	<ul style="list-style-type: none"> <li>- rapid onset of fever</li> <li>- hoarseness of voice</li> <li>- dry cough</li> <li>- stridor</li> </ul>	<ul style="list-style-type: none"> <li>- high fever 40</li> <li>- severe sore throat &amp; the child can't swallow his own saliva</li> <li>- muffled voice then stridor</li> <li>- epiglottitis is markedly swollen &amp; congested</li> <li>- X-ray lateral view of neck shows swollen epiglottitis</li> </ul>	<ul style="list-style-type: none"> <li>- gradual onset of low grade fever 38</li> <li>- pulse rate is not proportionate to the fever</li> <li>- hoarseness of voice then stridor</li> <li>- bull neck (marked enlarged LN)</li> <li>- diphtheric membrane : unilateral, not limited to tonsillar margin</li> </ul>

	Glottic carcinoma	Supra-glottic carcinoma	Sub-glottic carcinoma
<b>Incidence:</b>	Commonest ( 70 )	Less common (25)	Least common ( 5 )
<b>Site:</b>	At the level of vocal folds.	Above the level of vocal folds.	Below the level of vocal folds .
<b>Lymphatic spread:</b>	Absent. → because the vocal folds have no lymphatics.	Common and early. → Upper deep cervical lymph nodes.	Less common. → pre-pharyngeal & pre-Tracheal lower deep cervical lymph nodes
<b>Earliest symptom :</b>	Hoarseness of voice.	Discomfort sensation in throat or metastatic cervical lymph nodes.	Dyspnea on exertion
<b>Prognosis :</b>	Good prognosis <i>due to</i> : <ul style="list-style-type: none"> <li>o early symptoms</li> <li>o no lymphatic spread.</li> </ul>	Poorer prognosis <i>due to</i> : <ul style="list-style-type: none"> <li>o late symptoms</li> <li>o early lymphatic spread</li> </ul>	

	Adult solitary papilloma	Juvenile multiple papillomatosis
<b>Age :</b>	Adults → 30-50 years.	Children → 5-15 years
<b>Aetiology :</b>	True benign tumor.	Human papilloma virus

## *ENT Differential Diagnosis*

<b>Site :</b>	Commonly anterior 2/3 of vocal cord	Anywhere in the larynx
<b>Symptoms :</b>	Hoarseness of voice	1. hoarseness of voice 2. stridor
<b>Signs :</b>	Unilateral single, pinkish, sessile, finely lobulated wart-like mass.	Bilateral , multiple watery growth , sessile, finely lobulated masses.
<b>Treatment :</b>	Micro-laryngoscopic excision → by surgical instruments or laser surgery.	1. Repeated micro-laryngoscopic excision by surgical instruments or laser surgery. 2. tracheostomy → when necessary 3. Anti-viral medication → as interferon and acyclovir are tried .
<b>Prognosis :</b>	- Recurrence → uncommon - malignant transformation may occur	- Recurrence → common but spontaneous regression usually occurs at puberty. - Malignant transformation <u>does not</u> occur

	<b>Pulmonary collapse</b>	<b>Pulmonary emphysema</b>
<b>Aetiology :</b>	- Complete bronchial obstruction	- Partial bronchial obstruction
<b>Symptoms :</b>	- Cough, expectoration, dyspnea and cyanosis.	- Cough, expectoration, dyspnea and cyanosis.
<b>Signs:</b> <b>*Percussion:</b> <b>*Auscultation;</b>	- Dullness - No air entry	- Hyper-resonance - Decreased air entry
<b>Chest x-ray:</b> > Mediastinum shift : > Inter-costal spaces : > Copula of the diaphragm : :	- To same side - Wide - Elevated	- To the opposite side - Wide - Depressed

## SYMPTOMS

## *ENT Differential Diagnosis*

Ear symptoms	Possible diagnosis
Unilateral hearing loss or tinnitus in a middle aged or older people	Nasopharyngeal carcinoma ( conductive hearing loss ) Acoustic neuroma ( sensory –neural hearing loss )
Unilateral pulsating tinnitus in a middle aged or older people	Glomus tumor
Offensive otorrhea	cholesteatoma
Purulent otorrhea with earache, headache, fever & vertigo	Complicated otitis media
Persistent unilateral earache in an elderly diabetic patient	Malignant otitis externa
Persistent unilateral earache without an apparent cause in a middle aged or older people	Pharyngeal or laryngeal carcinoma
Persistent unilateral lower motor neuron facial nerve paralysis without an apparent cause in a middle aged or an older patient	Facial nerve tumor

Nasal symptoms	Possible diagnosis
Neonatal asphyxia	Bilateral choanal atresia
Purulent rhinorrhea with severe headache or proptosis	Complicated sinusitis
Recurrent severe epistaxis in an adolescent	Nasopharyngeal fibroma
Unilateral recurrent severe epistaxis in a middle aged or older patient	Sino-nasal carcinoma

Pharyngeal symptoms	Possible diagnosis
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## *ENT Differential Diagnosis*

Mild fever ,sever toxemia &mild sore throat	diphtheria
High fever , high dysphagia & unilateral sore throat	quinsy
A swelling in the flooe of the mouth & obstruction of the airway	Ludwig's angina
Persistant dysphageia for 4 weeks in a middle aged or older patient	Hypopharyngeal carcinoma

Layngeal symptoms	Possible diagnosis
Violent choking in a child	Forign body inhalation
Acute stridor in a child	Acute laryngitis \ laryngeo-tracheo-bronchitis
Acute stridor & sever dysphagia in a child	Acute epiglottitis \ acute retropharyngea abcess
Persistant hoarseness of voice for four weeks in a middle aged or older patient	Cancer larynx

Diseases and syndromes that have scientists' name

## *ENT Differential Diagnosis*

### **What's Alport's syndrome ?**

→ SNHL + nephritis

### **What's Arnold's nerve?**

→ Auricular branch of vagus ( 10<sup>th</sup> cranial nerve) supplying the EAC & TM.

### **What's Bell's palsy?**

Facial nerve paralysis of unknown cause.

### **What's Bezold's abscess?**

→ Mastoid abscess which present in the upper part of the neck deep to sterno-mastoid muscle.

### **What's Brown's sign?**

→ +ve in cases of glomus. The mass blanches on compression by a pneumatic otoscope or Siegle's speculum.

### **What's Brudzinski's sign?**

→ Reflex flexion of the hip & knee when the neck is flexed . +ve in cases of meningitis.

### **What's Caldwell-Luc operation?**

→ Radical antrum operation

### **What's citelli's abscess?**

→ Mastoid abscess which present in submandibular region

### **What's guillian-bare syndrome ?**

→ ascending polyneuritis→ fascial n paralysis

### **What's Organ of Corti?**

→ Sensory-end organ of the cochlea.

### **What's Fallopian canal?**

→ A bony canal in the temporal bone containing the tympanic & mastoid part of the facial nerve.

### **What are Frenzel's glasses?**

→ They are illuminated magnifying lenses worn by the patient to magnify his eyes so that nystagmus is easily detected & abolish his vision which can inhibits nystagmus

## *ENT Differential Diagnosis*

### **What's Gradenigo's syndrome?**

→ C/P of petrositis : otorrhea, severe facial pain & diplopia & squint.

### **What's Griesinger's sign?**

→ Tender edematous swelling over the mastoid process as extension of the thrombus from lat sinus thrombophelbitis through mastoid emissary vein.

### **What's Hertz?**

→ The unit of measurement of the frequency of the sound.

### **What are Hutchinson's teeth?**

→ The characteristic teeth in late congenital syphilis.

### **What's Hutchinson's triad?**

→ Hutchinson's teeth, intestinal keratitis & sensori-neural hearing loss. They are characteristic to late congenital syphilis.

### **What's Jacobson's nerve?**

→ Tympanic branch of glossopharyngeal nerve which supplies the middle ear

### **What's Kernig's sign?**

→ Inability to extend the knee completely when the hip is flexed on the abdomen. It is +ve in meningitis.

### **What's Mc Ewen's triangle ?**

→ it is a surgical landmark for the mastoid antrum . bounded superiorly by mastoid crest , anteriorly by postero-superior meatal wall & posteriorly by tangential line to posterior meatal

### **What's Milkersson Rosenthal syndrome ?**

→ 4 F : Fasciolabial edema , Fissured tongue , fascial palsy , familial disease

### **What's Menier's disease?**

→ Distention of the membranous labyrinth due to increase volume of endolymph  
i.e. endolymphatic hydrops

### **What's Mondini's disease ?**

→ the cochlea is single turn ( non syndromic disease ) cause congenital SNHL

### **What's Moro's reflex?**



## *ENT Differential Diagnosis*

- Startle's or Moro's reflex is the movement reflex of a normal baby in response to a loud sound. This movement varies between blinking or even jerk of the whole body.  
\*\*It is one of the subjective tests to detect hearing loss in children.

### **What's Paracusis Willisii?**

- The patient hear better in noisy environment in cases of otosclerosis.

### **What's Penderd's syndrome ?**

- SNHL + goiter

### **What's Pott's puffy tumor?**

- It is forehead fluctuant swelling due to frontal osteomyelitis.

### **What's Ramsay Hunt syndrome?**

- It is the triad of  
\*Herpes Zoster oticus  
\* facial nerve palsy  
\*sensori-neural hearing loss & vertigo

### **What's Rinne's test?**

- One of the tuning fork test which compares hearing by AC with hearing by BC in the same ear.

### **What's Romberg's test?**

- One of the tests to examine the postural equilibrium  
-The patient stands with his feet in a heel-to-toe position & his arms in front of the Chest, his eyes are open then closed  
- In vestibular dysfunction, the patient is more unsteady when the eyes are closed.

### **What's Schiemer's test?**

- Test for lacrimation in facial palsy to compare the flow of tears from the lacrimal glands on both sides.

### **What's Schwabachs' test?**

- comparison of bone conduction between the patient and the examiner ( the examiner is normal )

### **What's Schwartz sign?**

## *ENT Differential Diagnosis*

→ The TM have a flamingo red tinge in otosclerosis. It is due to increased vascularity over the promontory & indicates that otosclerosis in active stage.

### What's Schwartz operation?

→ it is the cortical mastoidectomy

### What's Sharpnell's membrane?

→ Pars flaccida.

### What's Siegle's speculum?

→ A speculum which is hand-held i.e. held by the examiner's hand.

### What's Usher's syndrome ?

→ SNHL + retinitis

### What's Valsalva's manoeuvre?

→ Expiration against closed mouth & nose.

### What's Wallerian degeneration?

→ Degeneration of the distal segment of the nerve i.e. distal to the site of injury .  
- there are two types :  
    o Axonotmesis  
    o Neurotmesis

### What's Weber's test?

→ One of the tuning fork test to assess the type of hearing loss by comparing hearing by bone conduction in the two ears.

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### What's Costen's syndrome ?

→ TMJ pain – deafness – tinnitus

### What's Frisch bacillus?

→ Klebsiella Rhinoscleromatis , CO of Rhinoscleroma.

## ENT Differential Diagnosis

### What's Kisselback's plexus?

The source of bleeding in the epistaxis formed by anastomosis of septal branch from:

- anterior ethmoidal artery
- sphenopalatine artery
- greater palatine artery
- superior labial artery

### What's Little's area?

→ Antero-inferior part of the nasal septum. The commonest site of epistaxis (90%)

### What's Loffler's serum?

→ Culture media for corynebacterium diphtheria

### What's McGovern's rubber nipple?

→ A baby bottle nipple with an open tip act as a conventional oral airway put in the newborn's mouth in cases of congenital bilateral choanal atresia as it is obligatory nose breather .

### What are Mikulicz cells?

→ Large foamy cells with central nucleus & vacuolated cytoplasm. The vacuoles contain Frisch bacilli (gram -ve i/c diplo-bacilli). They are pathognomonic of scleroma.

### What are Russel bodies?

→ Bright red oval or rounded bodies devoid of nuclei. They represent plasma cells undergoing hyaline degeneration.

### What's walsham's forceps?

→ an instrument used in immediate fixation in fracture nasal bone

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### What's Behcet's disease?

→ disease of unknown aetiology most probably autoimmune disease, characterized by :

**General manifestations:** irido-cyclitis, intestinal keratitis & progressive sensori-neural hearing loss.

**Pharyngeal manifestations:** recurrent multiple small painful oral & pharyngeal ulcers

## *ENT Differential Diagnosis*

occurring in gps.

### **What's Boeck's triad?**

→ Pharyngeal swelling, cervical swelling & trismus. They are diagnostic of Parapharyngeal abscess

### **What's Epstein Barr virus?**

→ CO of infectious mononucleosis & PF of nasopharyngeal carcinoma.

### **What's Lymph node of Henle?**

→ A LN which present in the retro-pharyngeal space. It drains the upper respiratory tract & atrophies after the early 5 years of age.

### **What's Hilton's method?**

→ The method of drainage of the pretonsillar abscess. The forceps is introduced closed to be inside the abscess cavity then withdrawn open.

### **What's Kaposi sarcoma?**

→ It is a malignant mesenchymal tumor. It consists of aberrant slit-like vascular spaces surrounded by dense atypical cells, appear red plaque or nodules in the pharynx.

### **What's Killian's dehiscence?**

→ Potentially weak area of the posterior surface of the pharynx between the upper oblique fibers (thyro-pharyngeus) & lower transverse fibers (cricopharyngeus). Herniation of the pharyngeal mucosa from this area is called pharyngeal pouch.

### **What's Ludwig's angina?**

→ Bilateral diffuse inflammation in the floor of the mouth. suppuration seldom occurs.

### **What's Muller's manoeuvre?**

→ The patient inspire against closed mouth & nose (apnoeic state) while the upper airway is examined by a flexible endoscope to identify the cause & the site of obstruction in obstructive sleep breathing.

### **What's Patterson-Brown-Kelly's syndrome?**

→ Chronic pharyngo-esophagitis

## *ENT Differential Diagnosis*

### **What's Paul-Bunnell's test?**

→ It is a serological test in which patient serum can agglutinate sheep's red blood cells due to presence of abnormal Abs, +ve in infectious mononucleosis.

### **What's Plummer-Vinson's syndrome?**

→ Chronic pharyngo-esophagitis

### **What's Pott's disease?**

→ Tuberculous caries of the cervical vertebrae.

### **What's Fossa of Rosenmuller?**

→ The commonest site for nasopharyngeal carcinoma  
It is a small recess in the lateral wall of the nasopharynx orifice of the Eustachian tube.

### **What's Tellurite agar?**

→ Culture media for diphtheria bacilli.

### **What's Trotter's triad?**

→ Is diagnostic for nasopharyngeal carcinoma . it consists of :  
\*unilateral conductive hearing loss.  
\*ipsilateral earache & facial pain.  
\*ipsilateral immobilization of the soft palate.

### **What's Trendlenburg's position ?**

→ the position of the patient in acute retropharyngeal abscess : the head is lower than the chest in order to avoid aspiration of pus

### **What's Waldeyer's ring?**

→ A ring of lymphoid tissue present in the pharyngeal aponeurosis surrounding the upper part of the aero-digestive tract. the ring consists mainly of :  
\*one pharyngeal tonsil  
\*two tubal tonsil  
\* two palatine tonsil  
\* two lingual tonsil

## *ENT Differential Diagnosis*

### **What's zenker's diverticulum?**

→ Pharyngeal pouch : Herniation of the pharyngeal mucosa from Killian's dehiscence.

### **What's Auerbach's plexus?**

→ Parasympathetic plexus of nerves which present in the wall of esophagus. Damage of the ganglia of this plexus is the aetiology of achalasia of the cardia

### **What's Heller's operation?**

→ Heller's cardio myotomy operation to treat achalasia of the cardia by division of muscle fibers of the sphincter without injury of the mucosa

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### **What's Adam's apple?**

→ The thyroid angle of the thyroid cartilage in men where it is more prominent.

### **What's Grave's disease ?**

→ 1ry thyrotoxicosis : autoimmune disease due to presence of LATS

### **What's Heimlich's manoeuvre?**

→ First aid measure to dislodge laryngeal FB from adults & children. HOW?? Stand behind the patient then place clasped hands just below the xiphi-sternum then apply a sudden sub-diaphragmatic upward thrust to produce an artificial cough

### **What's Moure's sign?**

→ absence of the laryngeal click in post cricoid carcinoma

### **What's Plummer's disease ?**

→ 2ry thyrotoxicosis : toxic nodular goiter

### **What's Reinke's oedema?**

→ Edematous vocal cord in the diffuse chronic laryngitis

### **What's Reinke's space?**

→ A narrow sub-epithelial space present below the mucous membrane of vocal cords.

## *ENT Differential Diagnosis*

### What's Stensen's duct ?

→ the duct of parotid gland

### What's Tucker's operation ?

→ reinnervation procedure in unilateral vocal cord paralysis

### What's Wharton's duct ?

→ the duct of submandibular gland

### What's Woodman's operation ?

→ it is external arytenoidectomy and cordopexy ( lateral fixation ) of one vocal fold – done in bilateral abductor paralysis

# GOOD LUCK

MEDAD TEAM